

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT	69607	11/2/99
O.I.P.E. CLASSIFIER		8	11-10-99
FORMALITY REVIEW	CH	71423	11-28-99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
11	8/2
12	9/2
13	10/2
14	11/2
15	12/2
16	1/3
17	2/3
18	3/3
19	4/3
20	5/3
21	6/3
22	7/3
23	8/3
24	9/3
25	10/3
26	11/3
27	12/3
28	1/4
29	2/4
30	3/4
31	4/4
32	5/4
33	6/4
34	7/4
35	8/4
36	9/4
37	10/4
38	11/4
39	12/4
40	1/5
41	2/5
42	3/5
43	4/5
44	5/5
45	6/5
46	7/5
47	8/5
48	9/5
49	10/5
50	11/5

Claim	Date
Final Original	
51	12/3
52	1/4
53	2/4
54	3/4
55	4/4
56	5/4
57	6/4
58	7/4
59	8/4
60	9/4
61	10/4
62	11/4
63	12/4
64	1/5
65	2/5
66	3/5
67	4/5
68	5/5
69	6/5
70	7/5
71	8/5
72	9/5
73	10/5
74	11/5
75	12/5
76	1/6
77	2/6
78	3/6
79	4/6
80	5/6
81	6/6
82	7/6
83	8/6
84	9/6
85	10/6
86	11/6
87	12/6
88	1/7
89	2/7
90	3/7
91	4/7
92	5/7
93	6/7
94	7/7
95	8/7
96	9/7
97	10/7
98	11/7
99	12/7
100	1/8

Claim	Date
Final Original	
110	2/8
111	3/8
112	4/8
113	5/8
114	6/8
115	7/8
116	8/8
117	9/8
118	10/8
119	11/8
120	12/8
121	1/9
122	2/9
123	3/9
124	4/9
125	5/9
126	6/9
127	7/9
128	8/9
129	9/9
130	10/9
131	11/9
132	12/9
133	1/10
134	2/10
135	3/10
136	4/10
137	5/10
138	6/10
139	7/10
140	8/10
141	9/10
142	10/10
143	11/10
144	12/10
145	1/11
146	2/11
147	3/11
148	4/11
149	5/11
150	6/11

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)